

SERIAL NUMBER <div style="text-align: center;">09/054,643</div>	FILING DATE <div style="text-align: center;">04/03/98</div>	CLASS <div style="text-align: center;">482</div>	GROUP ART UNIT <div style="text-align: center;">3733</div>	ATTORNEY DOCKET NO.
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APPLICANT

JOSEPH D. MARESH, WEST LINN, OR.

****CONTINUING DOMESTIC DATA*******

VERIFIED THIS APPLN IS A CIP OF 08/503,931 07/19/95 PAT 5,735,774

 PROVISIONAL APPLICATION NO. 60/044,959 04/26/97

 AK PROVISIONAL APPLICATION NO. 60/044,956 04/26/97

****371 (NAT'L STAGE) DATA*******

VERIFIED

 AK

****FOREIGN APPLICATIONS*******

VERIFIED

 AK

FOREIGN FILING LICENSE GRANTED 04/30/98
***** SMALL ENTITY *****

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u> <i>AK</i> </u> <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Initials Initials </div>	STATE OR COUNTRY OR	SHEETS DRAWING 13	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
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ADDRESS

MARK A KRULL
1705 EAST RIDGE CT
NORTHFIELD MN 55057

TITLE

EXERCISE METHODS AND APPARATUS

FILING FEE RECEIVED <div style="text-align: center;">\$395</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<div style="font-size: small;"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit </div>
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